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**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
 FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**
BY: BJH

Please type or print in ink.

2012 MAR -1 PM 4:25

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Jones

Brian

William

**1. Office, Agency, or Court**

Agency Name

CA State Legislature

Division, Board, Department, District, if applicable

Assembly District 77

Your Position

Assembly Member, Legislator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2011, through the date of leaving office.☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 15☐ **Schedule A-1 - Investments** - schedule attached☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached☒ **Schedule A-2 - Investments** - schedule attached☒ **Schedule D - Income - Gifts** - schedule attached☐ **Schedule B - Real Property** - schedule attached☒ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**
 herein and in any attached schedules is true and complete. I acknowledge this is  
 I certify under penalty of perjury under the laws of the State of California that

Date Signed

Mar 1 2012  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Brian W. Jones

► **1. BUSINESS ENTITY OR TRUST**

JV Interiors/Heather Jones

Name

10275 Michala Place Santee, CA 92071

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input checked="" type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

► **1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

► **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

► **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

► **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>	
<b>Name</b> Brian W. Jones	

► 1. INCOME RECEIVED

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jones, Brian

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. Sac. CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 11</u>	<u>\$ 75.45</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

District Agriculture Association- Del Mar Fairgrounds

ADDRESS (Business Address Acceptable)

2260 Jimmy Durante Blvd. Del Mar, CA 92014-2216

BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Diego County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 06 / 11</u>	<u>\$ 65</u>	<u>5 fair admission tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)

1095 Barona Rd. Lakeside, CA 92040-1599

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 11 / 11</u>	<u>\$ 69.60</u>	<u>Barona/CRP Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Quarles & Brady, Lance Hastings, MillerCoors LLC

ADDRESS (Business Address Acceptable)

411 E. Wisconsin Ave. Milwaukee, WI 53202-4497

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 11</u>	<u>\$ 54.49</u>	<u>Beer pairing</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Chamber of Commerce

ADDRESS (Business Address Acceptable)

1215 K St. Suite 1400 Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 11</u>	<u>\$ 189.72</u>	<u>Business Summit and</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Tejon Ranch Company

ADDRESS (Business Address Acceptable)

1121 L St. Suite 409 Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 11</u>	<u>\$ 325.00</u>	<u>Quail hunt, meals</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name

Jones, Brian

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

1215 K St. Suite 940 Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Dinner- Gannon's
___ / ___ / ___	\$ _____	Wailea, HI
___ / ___ / ___	\$ _____	self and guest

► NAME OF SOURCE

California Manufacturers & Technology Assoc.

ADDRESS (Business Address Acceptable)

1115 11 St. Sac. CA 95814-3819

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Dinner- Gannon's
___ / ___ / ___	\$ _____	Wailea, HI
___ / ___ / ___	\$ _____	self & spouse

► NAME OF SOURCE

CA Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)

755 Riverpoint Dr. W. Sac, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 11	\$ 233.46	Dinner- Spago
___ / ___ / ___	\$ _____	Wailea, HI
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

Edwards Lifesciences

ADDRESS (Business Address Acceptable)

One Edwards Way Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.12	Dinner- Gannon's
___ / ___ / ___	\$ _____	Wailea, HI
___ / ___ / ___	\$ _____	self & guest (27.56 ea)

► NAME OF SOURCE

Astellas Pharma US, Inc.

ADDRESS (Business Address Acceptable)

3 Pkwy N. Deerfield, IL 60015-2537

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Dinner- Gannon's
___ / ___ / ___	\$ _____	Wailea, HI
___ / ___ / ___	\$ _____	Self & Spouse (27.55 e

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments:

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jones, Brian

► NAME OF SOURCE

Sprint

ADDRESS (Business Address Acceptable)

201 Mission St. Suite 1500 San Francisco CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 11	\$ 294.00	SD Chargers Football
___ / ___ / ___	\$ _____	3 tickets, \$98 each
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

The Walt Disney Company

ADDRESS (Business Address Acceptable)

500 S. Buena Vista St. Burbank, CA 91521-0736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 400	5 Adult 1 day/1 park
___ / ___ / ___	\$ _____	passes to Disneyland
___ / ___ / ___	\$ _____	\$80 each

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Brian Jones
--

► NAME OF SOURCE  
Klamath Alliance for Resources & Environment KARE

ADDRESS (Business Address Acceptable)  
P.O. Box 1234 Yreka, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Environmental Alliance 501 (c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 11	\$ 12.47	Reception at Hotel
05 / 20 / 11	\$ 89.43	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Klamath Alliance for Resources & Environment KARE

ADDRESS (Business Address Acceptable)  
P.O. Box 1234 Yreka, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Environmental Alliance 501 (c)(3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 11	\$ 38.09	Photobook
05 / 20 / 11	\$ 15.93	Gift Basket
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Jones

► NAME OF SOURCE

Sycuan Tribal Council

ADDRESS (Business Address Acceptable)

5469 Casino Way, El Cajon, CA 92019

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 11	\$ 59.13	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Neighborhood Market Association

ADDRESS (Business Address Acceptable)

8923 La Mesa Blvd., 2nd Floor, La Mesa, CA 91941

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 11	\$ 100.00	Reception/Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

CalChamber

ADDRESS (Business Address Acceptable)

1215 K St. Suite 1400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 11	\$ 19.43	Co-Hosted Breakfast
06 / 01 / 11	\$ 189.72	Luncheon
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian W. Jones

► NAME OF SOURCE

Gonzales, Quintana & Hunter LLC

ADDRESS (Business Address Acceptable)

915 L St. Suite 1480, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association, Pala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 11	\$ 81.00	Dinner, Drinks
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments:

# SCHEDULE D Income – Gifts

Name

Brian Jones

► NAME OF SOURCE

Assemblyman Dan Logue

ADDRESS (Business Address Acceptable)

State Capitol, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assembly Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 16 / 11	\$ 7.60	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Cattlemen's Association

ADDRESS (Business Address Acceptable)

1221 H St. Sacramento CA 95814-1910

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association of Cattle Farmers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 11	\$ 4.75	Educational Tour
03 / 23 / 11	\$ 25	Legislative Breakfast
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Outdoor Heritage Alliance (COHA)

ADDRESS (Business Address Acceptable)

1600 Sacramento Inn Way, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Outdoor Alliance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 23 / 11	\$ 12.25	Trap Shoot, Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Green Acres Nursery

ADDRESS (Business Address Acceptable)

8501 Jackson Road Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Local Nursery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 16 / 11	\$ 10	O'Henry Peach Tree
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Justin Oldfield, Margo Parks

ADDRESS (Business Address Acceptable)

1221 H St. Sacramento, CA 95814-1910

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gov. Affairs, CA Cattlemen's Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 29 / 11	\$ 9.95	Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Forestry Association

ADDRESS (Business Address Acceptable)

1215 K St. Suite 1830 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 11	\$ (-)10	Calendar
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments:

All gifts listed on this page are under \$50

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Brian Jones
--

► NAME OF SOURCE  
The Hearst Corporation  
 ADDRESS (Business Address Acceptable)  
5 Third St. #200 San Francisco, CA 94103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hospitality

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 11</u>	<u>\$ 39.30</u>	<u>Meals &amp; refreshments</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Chukchansi Economic Development Authority  
 ADDRESS (Business Address Acceptable)  
46575 Road 417, Bldg. C Coarsegold, CA 93614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tribal Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 10.47</u>	<u>Food, beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>&amp; entertainment</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
San Diego County Apartment Association  
 ADDRESS (Business Address Acceptable)  
1115 11 St. 2nd floor Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Housing Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 14 / 11</u>	<u>\$ 46.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Tribal Business Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J St. Suite 400 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tribal Alliance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 37.52</u>	<u>Food, beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>and Entertainment</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Cable & Telecommunications Association  
 ADDRESS (Business Address Acceptable)  
1001 K St. 2nd Floor Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cable Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 10.47</u>	<u>Food, beverage</u>
<u>  /  /  </u>	<u>\$</u>	<u>&amp; entertainment</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
NBCUniversal  
 ADDRESS (Business Address Acceptable)  
100 Universal City Plaza Universal City, CA 91608  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 02 / 11</u>	<u>\$ 16.00</u>	<u>1 ticket - screening</u>
<u>03 / 02 / 11</u>	<u>\$ 14.00</u>	<u>DVD Raffle Prize</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: All gifts on this page are less than \$50

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Jones

► NAME OF SOURCE

Northern California Bowling Centers

ADDRESS (Business Address Acceptable)

2600 Watt Avenue, Sacramento, CA 95821

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 11	\$ 10.00	Bowling/Food & Drink
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: All gifts on this page are under \$50

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Jones

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Independent Voter Project - IVP

ADDRESS (Business Address Acceptable)

101 West Broadway, Suite 1460

CITY AND STATE

San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

501 (c) (4)

DATE(S): 11 / 13 / 11 - 11 / 18 / 11 AMT: \$ 2415.55  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Accommodations, meals/beverages, in connection w/  
making speeches & participating in panel discussions

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive, Suite 150

CITY AND STATE

Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 04 / 13 / 11 - 14 / 16 / 11 AMT: \$ 124.43  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Subsistence/Meals in connection with participation in  
speeches/ panel discussions and seminars

► NAME OF SOURCE

CA Independent Voter Project - CAIVP

ADDRESS (Business Address Acceptable)

101 West Broadway, Suite 1460

CITY AND STATE

San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

501 (c) (4)

DATE(S): 04 / 13 / 11 - 04 / 16 / 11 AMT: \$ 124.43  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Subsistence/Meals in connection with participation in  
speeches/panel discussions and seminars

► NAME OF SOURCE

Klamath Alliance for Resources & Environment KARE

ADDRESS (Business Address Acceptable)

P.O. Box 1234

CITY AND STATE

Yreka, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Environmental Alliance

DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 145.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Lodging for Legislative tour

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Jones

- You must mark either the gift or income box.
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► NAME OF SOURCE

Sierra Pacific Industries

ADDRESS (Business Address Acceptable)

P.O. Box 496028

CITY AND STATE

Redding, CA 96049-6028

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 05/19/11 - 05/20/11 AMT: \$ 356.00  
(if gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Air Transport for legislative tour

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Jones

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

San Diego International Airport Authority

ADDRESS (Business Address Acceptable)

PO Box 82776

CITY AND STATE

San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Ground Transportation Department, SDCRAA

DATE(S): 01 / 02 / 11 - 11 / 18 / 11 AMT: \$ 2569.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Airport parking for legislative business  
(limits do not apply)

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: